

SHARE

STATE OF NEW MEXICO

DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

989

VENDOR #



DATE 10/11/2012

Payee

\$ 705 00



Fund / Agency

000 66500

Document Number

AP 00311290

B4R

COD3

B4RCOD3

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsOfDate 10/05/2012

Voucher Number	Vchr Line	VchrLineDescr	Dis r Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invo ce Number	Total Amount
Number	Line		Line#	Description			WithHold	Year	Month		
00311290	1	IS Meals & Lodging	1	542200	Employee I/S Meals & L	06101	MCGRATH BR 001	2013	10	0000093971 McGrath B 9 24	705 00
										Total For Voucher	705 00

705 00
10 3 1007 00

AGENCY NAME New Mexico Department of Health

**- STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES**

PAGE 2

DATE 9/24/12

AGENCY CODE 66500

VOUCHER NUMBER 00311290

NAME <u>Brad McGrath</u>	CAR LICENSE NUMBER <u>GS02222</u>	POST OF DUTY <u>Roswell</u>	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
SOCIAL SECURITY NUMBER <u>[REDACTED]</u>	MODEL <u>Ford</u>	RESIDENCE <u>Roswell</u>	ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>
NORMAL WORK DAY <u>8am</u> TO <u>5pm</u>	YEAR <u>2011</u>		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION NATURE OF OFFICIAL BUSINESS PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
9/24/12 ✓	7 00am		Depart Roswell to Santa Fe to meet with Cabinet Secretary Overnight Santa Fe rate applies*	State Vehicle			135 00 ✓		135 00 ✓
9/25/12 ✓			Overnight Santa Fe rate applies*				135 00 ✓		135 00 ✓
9/26/12 ✓			Overnight Santa Fe rate applies*				135 00 ✓		135 00 ✓
9/27/12 ✓			Overnight Santa Fe rate applies*				135 00 ✓		135 00 ✓
9/28/12 ✓			Overnight Santa Fe rate applies*				135 00 ✓		135 00 ✓
9/29/12		7 00pm	Depart Santa Fe to Roswell partial day per diem 12 0 hrs				30 00 ✓		30 00 ✓

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL ☐

APPROVED RATES ☒

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages. I further certify that no further payment will be sought for the travel/training covered by this voucher.

Employee Signature

Date

TOTALS

705 00 ✓

705 00 ✓

Advance Amount
@ 50 /

Adjusted
Reimbursement

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the PerDiem and Mileage Act

Brad McGrath

do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DFA Regulations Governing the PerDiem and Mileage Act

PAYEE SIGN HERE

[Signature]

09/29/12

GENERATED BY DOH ITEMIZED version 1.0.3

LAST MODIFIED ON 09/25/2012 10:00

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REMITTANCE


(4) ORIGINATOR COPY

111
101

1
1

1 1

1 1
1

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)








Business Unit 66500
Voucher ID 00311290
Voucher Style Regular

Invoice Number McGrath B 9 24 9 29 12
Invoice Date 10/02/2012
Total 705 00

Vendor MCGRATH BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
SANTA FE NM 87502

*Pay Terms ☒ Pay Now ☐ [Schedule Payments](#)

Saved

Payment Information		Find View All		First 1 of 1 Last	
Scheduled Payment 1					
*Remit to	  	Gross Amount	705 00	USD	
Location	001 	Discount	0 00	USD	<input type="checkbox"/> Discount Denied
*Address	1 			Late Charge	
<div>MCGRATH BRADLEY K OFFICE OF FACILITIES MANAGEMENT 1190 S ST FRANCIS DR SUITE N 3059 SANTA FE NM 87502</div>		Scheduled Due	10/02/2012		
		Net Due	10/02/2012		
		Discount Due			
		Accounting Date			
Payment Method					
*Bank	WFB10	Pay Group			
*Account	B	*Handling	RE		
Method	CHK Check	*Netting	N		
Message					Messages
Message will appear on remittance advice					

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit	66500	Invoice Number	McGrath B 9 24 9 29 12
Voucher ID	00311290	Invoice Date	10/02/2012
Voucher Style	Regular	Total	705 00

Voucher Processing

<input checked="" type="checkbox"/> Post Voucher	<input type="checkbox"/> Close Voucher
<input checked="" type="checkbox"/> Revalue Voucher	<input type="checkbox"/> Delete Voucher

Saved

Accounting Instructions

*Accounting Template	STANDARD	Account At	Gross
----------------------	----------	------------	-------

Match Action

*Status	Ready
<input type="checkbox"/> Pay UnMatched Voucher	

Transaction Currency

*Source	Tables	*Currency	USD	Rate Type	CRRNT	Exchange Rate	1 00000000
---------	--------	-----------	-----	-----------	-------	---------------	------------

Voucher Approval

*Approval	Specify at this Level	Business Process	PROCESS_VOUCHERS
		Approval Rule Set	Payment Approval Rule Set 1


Self Billing Invoice

*SBI Num Option	Group Vouchers (Auto Nur	SBI Number
-----------------	--------------------------	------------

Prepayment

Prepayment Reference	<input type="checkbox"/> Automatically Apply Prepayment	<input type="checkbox"/> Postpone Withholding
----------------------	---	---

Letter of Credit

Letter of Credit ID	 
---------------------	---

Tax Group